



KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

Capital Plaza Tower, Room 303, 500 Mero Street, Frankfort, Kentucky 40601

(502) 564-4185

<http://kcpe.ky.gov>

REQUEST FOR TRANSCRIPT

INSTRUCTIONS

1. This request shall be typed or printed legibly and completed in its entirety.
2. No fee is required to be submitted with this form.
3. This completed request may be submitted to the Kentucky Commission on Proprietary Education either by mail or by delivery Capital Plaza Tower, Room 303, 500 Mero Street, Frankfort, Kentucky 40601.

STUDENT INFORMATION

Student Name _____ Date _____

Student Name During Attendance At School _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell Phone Number _____ Email Address _____

Dates Attended _____ Program Name _____

SCHOOL INFORMATION

School Name _____

Street Address _____ City _____ State _____ Zip Code _____

REQUEST

I hereby request a copy of my transcript relating to my attendance at the above named school. I understand that since the school has closed, the Commission may not have a transcript available. If a transcript is available, it will be mailed to me at the address indicated above in approximately two weeks. If a transcript is not available, I will be notified at the address indicated above in approximately two week that the transcript is not available.

Student Signature _____

Date _____